L22000271194

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COVER LETTER

Division of Co	rporations	•	**	•		
K&M Leg	al Services LLC	•		•		
SUBJECT:	Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	CESAR AGUILAR ALFA	.RO				
		Name of Person				
		Firm/Company				
	3304 EDWARDS RD					
		Address				
	PLANT CITY, FLORIDA	33566		2022 JUN 2	estal.	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	City/State and Zip Code			ا ن محدی	
	CESARBRANDY18@GM			21	. etas	
	E-mail address: (to be used for future annual report notif	ication)	SS 로		
For further information	concerning this matter, please co	all:		MII: 29	L	
CESAR AGUILAR AL	FARO	813 495-5617 at ()		29		
Name	of Person	Area Code Daytimo	Telephone Number			
Enclosed is a check for	the following amount:					
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &		
Mailing Addre Registration		Street Address: Registration Sec	etion _			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K&M LEGAL SERVICES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{06/14/2022}{1}$ and assigned Florida document number L22000271194 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AGUILAR CONSULTING SERVICES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

_. Florida ___

· If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		TEMPLE TERRACE, FL 33617 US	⊠ Remove
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.11ective date fan effective da	e, if other than the is listed, the date n	ne date of 1111 nust be specific a	ng: ind cannot be pr	ior to date of fi	ling or more than	90 days after fili	ng.) Pursua	int to 605.0
	ate inserted in this fective date on the				ory filing requi	rements, this da	ite will no	t be listed
	ies a delayed effec	tive date, but n	ot an effective	e time, at 12:0	H a.m. on the	earlier of: (b)	The 90th	day after t
d is filed.								
Datad	JUNE 16		2022					
Dated	 .		-`	*				

TILL 13 00 T 0.0